

Bobby Jindal
GOVERNOR



Bruce D. Greenstein
SECRETARY

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

TO: WIC VENDORS

**FROM: TRICIA GUIDROZ, MA
LA WIC VENDOR MANAGER**

RE: TAXPAYER W-9 IDENTIFICATION NUMBER & CERTIFICATION

We are requesting that you complete the attached W-9 form with the Social Security OR Federal Identification Number that matches the number registered with the Internal Revenue Service (IRS). State regulations require that we have a W-9 form, contact person, correct address and phone number for all companies or individuals who are paid by the State of Louisiana.

The address on the W-9 form and the address on submitted WIC Food Instrument Reimbursement Forms (WIC-20) MUST match in order for accounts payable to process your claim(s).

Please submit the requested information on the lines below indicating a contact person who will be able to assist the Vendor Management Unit personnel if problems should arise with the information submitted on the W-9 form.

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PLEASE PRINT

NAME: _____

TITLE: _____

PHONE: _____

FAX: _____